

# I am applying for AOK PLUS health and long-term care insurance as a student



Die **Gesundheitskasse** für Sachsen und Thüringen.

from

Insurance number

Tax identification number (TIN) 11-digit (see Item 7)

Pension insurance number

Last name, first name, title

Street address, post code, city/town

Phone number\*

E-mail address\*

Date of birth

Sex (m/f)

Nationality

Maiden name

Place of birth

Marital status

\* You are not required to provide us with your phone number or your e-mail address. We would like to use these communication channels in addition to written communication in order to get in touch with you more quickly.

## 1. Enrolment details

I am currently enrolled/I will be enrolled at:

Name and address of the educational institution

Type of educational institution:

State or state-approved university/college

State or state-approved technical college

Please note: If you attend a vocational school/university of cooperative education, you must complete an application for voluntary insurance.

Doctoral, graduate, masters, post-graduate or continuing education programme:

no      yes (please underline the applicable programme)

from

to

Preparatory language course/college

from

to

Field of study

Current semester - please attach your current enrolment certificate.

Start of studies/enrolment date

Start of the semester

First degree?      yes      no

Please specify the name of the last educational institution you attended

## 2. My previous periods of insurance (outside of AOK PLUS)

2.1. Determination of entitlement to insurance - up to at least 18 months before application

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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from

to

Health insurance provider

Voluntary member

Compulsory member

Family insurance

Not insured or privately insured

Confirmation of termination of the previous health insurance policy

is attached

will be submitted by

2.2. Periods of insurance for which a copy of the confirmation of termination is not required

I was covered under family insurance in the last 18 months from

Name of the health insurance provider

I was not insured by a statutory health insurance provider in the last 18 months.

### 3. General information

yes	no	<b>Do you have any children? (if so, please provide evidence of parenthood)</b>	
yes	no	<b>Are you self-employed in addition to your studies?</b>	<input type="text"/> Weekly working hours
yes	no	<b>Are you employed in addition to your studies?</b>	<input type="text"/> Weekly working hours
<input type="text"/> Name and address of the employer			
yes	no	<b>Are you receiving a pension?</b>	<input type="text"/> Type of benefits
yes	no	<b>Are you receiving social benefits?</b>	<input type="text"/> Type of benefits
yes	no	<b>Are you entitled to benefits or free therapeutic care?</b>	
		<input type="text"/> Type	<input type="text"/> from <input type="text"/> to <input type="text"/>
yes	no	<b>Have you been exempted from compulsory health insurance for students in the past by a health insurance provider?</b>	<input type="text"/> at <input type="text"/> by <input type="text"/>

**Only for foreign students:** Are you entitled to coverage in accordance with transnational/international health insurance law?  
(if so, please attach a copy of your European Health Insurance Card/EHIC.)

yes	<input type="text"/>	no
	by	

### 4. I am not eligible for non-contributory family insurance because

my parents live abroad	I have exceeded the income limit	I have exceeded the age limit
my parents are privately insured	other reasons	<input type="text"/>

### 5. Our additional services for you

yes	no	<b>Do you need confirmation of your obligation to pay insurance contributions to submit to the BAFföG office?</b>
yes	no	<b>Do you need paperwork to apply for non-contributory family insurance for your family members (spouse/children)?</b>

### 6. Payment method for contributions

I would like my monthly contributions to be deducted via direct debit.

**Please note:** you will need to fill in a **direct debit form** (SEPA direct debit mandate) and submit the original version.

I will pay my entire semester contribution in advance before the semester begins.

### 7. Privacy policy

The data will be obtained and processed in order to carry out our responsibilities in accordance with Par. 284 in conjunction with Par. 5(1)(9), 5(5) and 5(7), Par. 236 as well as Par. 175 of Volume V of the Social Security Code (SGB V). Your cooperation is required in accordance with Par. 60 of Volume I of the Social Security Code (SGB I) and Par. 206 of the SGB V. Failure to cooperate may result in disadvantages related to your claim to the provision of health and long-term care insurance as well as to the determination of your contribution for health and long-term care insurance. Within the context of legal obligations and communication authorisation, recipients of your data may include third parties or contractors hired by us. When you provide AOK PLUS with your tax ID number, AOK PLUS will inform the tax authorities regarding the contributions you have paid to AOK PLUS as well as the amounts reimbursed to you by AOK PLUS annually under this tax ID number. If you do not provide us with your tax ID number, we are unable to offer tax recognition. You voluntarily provide your consent to the processing (collection, storage and use) of your data. With your consent, we will use your data to contact you in writing or by phone to offer you further information or advice on the advantages of AOK PLUS or regarding private supplementary insurance offers from our partners. This privacy policy is only enforceable if you are at least 18 years of age. You can withdraw your consent with effect for the future at any time. This does not impact the legality of the processing that has been carried out up to this point on the basis of this consent. You can exercise your right of revocation against AOK PLUS, Sternplatz 7, 01067 Dresden, Germany, through any of our Service contacts or at [www.plus.aok.de/inhalt/widerruf-einer-erteilten-einwilligung](http://www.plus.aok.de/inhalt/widerruf-einer-erteilten-einwilligung). You can find general information on data processing and your rights at [www.aok.de/plus/datenschutzrechte](http://www.aok.de/plus/datenschutzrechte). Should you have any questions, please contact AOK PLUS - Die Gesundheitskasse für Sachsen und Thüringen, Sternplatz 7, 01067 Dresden, Germany, phone 0800 1059000 (free call within Germany), [service@plus.aok.de](mailto:service@plus.aok.de), or contact our Data Protection Officer at AOK PLUS Data Protection Officer, 01058 Dresden, [datenschutz@plus.aok.de](mailto:datenschutz@plus.aok.de).

#### Consent to the transfer of data for the purpose of providing tax recognition for contributions

I hereby consent to have the amount of the contributions that I have paid to AOK PLUS and the amounts reimbursed to me by AOK PLUS disclosed to the tax authorities annually together with my tax ID number (TIN). Please note: If you do not have a tax ID number, we will be unable to offer tax recognition even with your consent. In this case, we assume that you object to the disclosure of your paid contributions.

### 8. Consent to data processing

I hereby consent to AOK PLUS processing and using the data that I have provided in order to inform and advise me on the advantages of and latest news regarding AOK and on private supplementary insurance offers from AOK's partners, as well as to carry out opinion surveys, including via e-mail, by phone or by text message. This consent also applies in the event that the membership for which I am applying is not concluded. This consent is voluntary. I can withdraw my consent with effect for the future at any time.

I hereby confirm that the information I have provided is correct. I have read the notes. Should this information change in the future, I will inform AOK PLUS without being requested to do so.

<input type="text"/> AOK PLUS client advisor stamp	<input type="text"/> Date
<input type="text"/>	<input type="text"/> Signature of the insured party; for minors, the signature of the minor's legal representative
<input type="text"/> Signature and ID of the AOK PLUS employee	Informational material on optional tariffs has been provided: yes      no

**To be filled in by AOK PLUS!** HB FB Fil MwM Tel Br VA TS AE, Datum: \_\_\_\_\_ Postkz.: \_\_\_\_\_ Bild für eGK vorhanden  
Versicherungsbescheinigung ausgehändigt ja nein

# Explanations and further information

## Health/long-term care insurance for students

Students who are enrolled in state or state-approved universities or colleges are subject to compulsory insurance up to the completion of their 14th semester, or until the day they turn 30 at the latest (Par. 5(1)(9) of Volume V of the Social Security Code (SGB V)). It may be possible to extend compulsory insurance if certain conditions have resulted in the loss of one or more semesters (e.g. gaining entrance to university through second-chance education, voluntary military or civil service, etc.).

## Start of membership

Membership for compulsorily insured students starts with their first semester; at the earliest with first day of their enrolment or of their confirmation at college or university.

## Termination

### ■ Withdrawal from university

The membership of compulsorily insured students ends at the end of the semester in which they complete or withdraw from university.

### ■ Turning 30/completing the 14th semester

Compulsorily insured students' memberships end once they have completed their 14th semester or, at the latest, at the end of the semester in which they turn 30.

## Payment of contributions

The monthly contributions for **student health and long-term care insurance** will either be deducted from your bank account on the 15th of the month via direct debit, otherwise the entire semester's contribution must be paid in full in advance. Together with the contribution assessment, you will also receive a pre-notification informing you how much we will deduct from your account through SEPA direct debit every month. The legally prescribed deadline for this pre-notification is 14 days. When you submit a SEPA direct debit mandate, you agree to a reduction of this deadline to one day. Should your contribution change, we will inform you at least one day before we made the deduction from your bank account.

We are obligated to levy a late payment fine for every contribution that is not paid by the date due. This fee amounts to 1 per cent of the contribution in arrears, rounded down to the nearest EUR 50.

## Changes

As a member, you have a duty of disclosure and notification. You must inform AOK PLUS regarding any change in your educational institution, your field of study, your degree program, if you start a graduate degree, withdraw from university or become employed or self-employed.

## Coverage

From the start of your membership, you and your family members who are covered by this policy have the right to comprehensive health insurance coverage. For more information on your coverage, please see our coverage brochures.

## Exception:

Your right to coverage will be suspended if you do not pay your contributions for two months, despite reminders. Coverage required for the treatment of acute illnesses and pain as well as for pregnancy, maternity or early detection screenings are not included in this suspension of coverage. The suspension will end when all unpaid contributions and contributions that fell due during the suspension have been paid in full, or if you require assistance pursuant to Volume II or Volume XII of the Social Security Code (SGB II or SGB XII).

## Information on data processing and your rights

Your data is safe with AOK PLUS because we are obligated to maintain the confidentiality of social data (Par. 35 of Volume I of the Social Security Code (SGB I)).

The European Union's General Data Protection Regulation (EU GDPR) went into effect on 25 May 2018, providing you as a customer with even greater rights. The following information will provide you with an overview of the collection and processing of your data and related rights.

### Why and on which legal basis do we process your personal data?

As a statutory provider of contributory health and long-term care insurance, AOK PLUS is responsible for maintaining or restoring the health of its insured parties, or improving their health, as well as offering help to those in need of care who require supportive assistance due to the severity of this need.

AOK PLUS finances its coverage and other expenses by levying contributions from employers and members.

In order to perform these legally prescribed activities, AOK PLUS processes the necessary data. This data is collected on the basis of the data subject's legal duties to cooperate (see, inter alia, Par. 60 et seqq. of SGB I) or on the basis of the data subject's consent. Furthermore, pursuant to the Social Security Code, AOK PLUS also has the right to collect data on third parties (e.g. from your employer or care provider). Failure to cooperate may mean that we are unable to provide you with a full spectrum of coverage (lack or withdrawal of coverage).

For health insurance providers, the legal basis for data processing is Par. 284 of SGB V; for long-term care insurance, it is Par. 94 of SGB XI. Furthermore, AOK PLUS is required by legal regulations to carry out further functions for which personal data must be processed.

These include, in particular:

- Determining the insurance coverage and membership, including the data required to acquire insurance coverage
- Issuance of electronic health insurance cards
- Determining the contributions and the amounts, person responsible for payment and the payment method
- Assessment of the insurer's obligation and the provision of services to the insured, including the conditions for restriction of services, determination of the insured party's status regarding supplementary charges, and carrying out reimbursement of costs, contribution refunds, and determining the maximum contribution
- Supporting the insured party in the event of malpractice
- Covering treatment costs for fee-paying persons who are not compulsorily insured in accordance with Par. 264 of SGB V
- Involvement of medical services
- Settling accounts with care providers, including assessing the legality and plausibility of invoice
- Ensuring that resource providers comply with contractual and legal obligations
- Ensuring that the provision of care is economical
- Settling accounts with other service providers
- Handling reimbursement and compensation claims vis-à-vis third parties
- Preparation, agreement and performance of morbidity-based remuneration agreements
- Preparation and performance of pilot projects, agreements on integrated forms of care and for the rendering of highly specialised services on an outpatient basis, including the performance of performance and quality audits
- Performance of risk structure compensation as well as the preparation and performance of structured treatment programmes, including acquisition of insured parties to participate in said programmes
- Conclusion and performance of nursing care rate agreements, compensation agreements, as well as performance and quality agreements
- Consulting regarding preventive measures and rehabilitation and consulting on participation as well as on services and assistance with care
- Coordination of caregivers, advice on care and the performance of tasks in care facilities
- Performance of discharge and sick pay case management
- New member acquisition
- Compensation of employer contributions in the event of illness or maternity
- Combating malpractice in the health insurance industry (Par. 197(a) SGB V)
- Research

Furthermore, AOK PLUS processes data on the basis of express declarations of consent (Art. 6(1)(a) GDPR).

## What data do we process?

We process the following kinds of data:

1. Personal data (e.g. address and communication data, date of birth, photo)
2. Data on membership and its initiation
3. Data on existing insurance coverage
4. Contribution and payment data
5. Benefit, care and billing data including health data (e.g. diagnoses, sick leave)
6. Data on caregivers
7. Data on legal representatives
8. Data on optional tariffs and bonus programmes
9. Data on care providers and other partners
10. Data on employers and their tax advisors
11. Data on interested parties and competition participants

## Who has access to your data?

Data is regularly transferred to the following parties within the framework of legal regulations: Pension and accident insurance carriers, employment agencies (Bundesagentur für Arbeit), the Medical Service of the Health Insurance Funds, service providers, welfare authorities and, in the context of payment transactions, banks, employers and paying agents. Furthermore, data may only be transferred to certain parties in specific legal cases in accordance with Par. 67(d) et seqq. of SGB X (e.g. police departments, local and municipal governments, tax authorities).

AOK PLUS may commission other service providers, committees or other providers (in particular processors) to fulfil its statutory obligations.

AOK PLUS may use and process the data subject's personal data which has been legitimately obtained and stored for other purposes, provided that there is another legal basis for this use or processing in the Social Security Code or the data subject has provided their express consent.

## How long do we store your data?

Data is stored for performance of duties and for the duration of the legally mandated retention periods (e.g. Par. 110(a) SGB IV, Par. 304 SGB V, Par. 84 SGB X, Par. 107 SGB XI) and then deleted.

## What rights do you have?

- Right to information on the processed data (Art. 15 GDPR in conjunction with Par. 83 of SGB X)
- Right to rectification of incorrect data (Art. 16 GDPR in conjunction with Par. 84 of SGB X)
- Right to erasure (Art. 17 GDPR in conjunction with Par. 84 of SGB X)
- Right to restriction of processing (Art. 18 GDPR in conjunction with Par. 84 of SGB X)
- Right to withdraw consent (Art. 21 GDPR in conjunction with Par. 84 of SGB X)
- Right to data portability (Art. 20 GDPR)
- When data is processed on the basis of the data subject's consent, the data subject has the right to withdraw this consent at any time with effect for the future.

## Who is responsible for data processing and who can you contact?

Controller:

AOK PLUS – Die Gesundheitskasse für Sachsen und Thüringen.

Sternplatz 7, 01067 Dresden, Germany, Phone 0800 1059000 (free call within Germany), [service@plus.aok.de](mailto:service@plus.aok.de), [www.aok.de/plus/datenschutzrechte](http://www.aok.de/plus/datenschutzrechte) – public corporation

Should you have any questions or feel that your personal data is not being processed legitimately, you may contact us or our Data Protection Officer. You can reach our Data Protection Officer at:

Data Protection Officer contact information:

AOK PLUS Data Protection Officer, 01058 Dresden, [datenschutz@plus.aok.de](mailto:datenschutz@plus.aok.de).

## Do you have the right to lodge a complaint?

You have the right to lodge a complaint with the supervisory authority if you feel that your personal data is not being processed legitimately. The address for the supervisory authority responsible for AOK PLUS is:

Saxony Data Protection Officer, Devrientstraße 1, 01067 Dresden, Germany

Please return the original to:

AOK PLUS – Die Gesundheitskasse  
für Sachsen und Thüringen.  
Private Client Department  
01058 Dresden

**Important!**

- You are required to enter your IBAN and BIC. You can find these on your bank statement.
- Changes can only be made in writing.
- You must return **the original** of this direct debit form; copies via fax or email will not be accepted.

## SEPA direct debit form

- for regular payments  
 for a one-off payment

**Recipient:** AOK PLUS, Sternplatz 7, 01067 Dresden  
**Creditor identifier:** DE85AOK00000018809  
**Payment reference:** will be sent separately

### Payer

Last name, first name, title	Insurance number
Street address, post code, city/town	

I consent to AOK PLUS taking payments from my account via direct debit.  
 I likewise instruct my bank to authorise the payments taken from my account by AOK PLUS.

**Please note:** I can request the reimbursement of the sum within eight weeks from the date the payment was taken.  
 My bank's terms and conditions apply.

**IBAN**

**BIC**

### Account holder, if different from payer

Last name, first name, title	
Street address, post code, city/town	
Place, date	Account holder's signature

**Privacy policy:**  
 The data will be collected and processed in order to carry out our responsibilities in accordance with Par. 284(1)(1)(3) of SGB V and Par. 94(1) of SGB XI for the purpose of ensuring the timely and lawful payment of your contributions in accordance with Par. 10 and 11 of BVSzGs. You are required to cooperate in accordance with Par. 206 of SGB V. Failure to cooperate will mean we cannot take your payments by direct debit. You can find general information on data processing and your rights at [www.aok.de/plus/datenschutzrechte](http://www.aok.de/plus/datenschutzrechte).